



# APPLICATION FOR BARBER PROFESSIONAL TEMPORARY PERMIT

State Form 51772 (12-04)

## INSTRUCTIONS:

1. Complete section A of this application.
2. Supervising licensee completes sections B and C of the application.
3. Incomplete applications will not be considered.

**\*\* WALK IN TEMPORARY PERMITS WILL NOT BE ISSUED AFTER 4:15 PM**

**TEMPORARY PERMITS WILL NOT BE ISSUED TO PRACTICE IN A SHOP THAT IS PRACTICING ON A TEMPORARY PERMIT.**

INDIANA PROFESSIONAL  
LICENSING AGENCY  
302 W. WASHINGTON ST. RM E034  
INDIANAPOLIS, INDIANA 46204  
(317) 234-3031  
<http://www.in.gov/pla>

### SECTION A- APPLICATION INFORMATION

Check the type of permit you are applying for: ☐ Barber ☐ Instructor

Name of applicant

Address (number and street, city, state, ZIP code)

Social Security number:\*

\*Your Social Security number is being requested by this agency in accordance with 1C 4-1-8-1.

Disclosure is mandatory and your application **will not** be processed without it. Social Security numbers are made available to the Department of Revenue.

### SECTION B- SUPERVISOR INFORMATION

Name of supervising licensee

License number

Name of shop/school

Shop/school license number

Shop/school address (number and street, city, state, ZIP code)

### SECTION A- APPLICATION INFORMATION

**I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT WILL BE WORKING IN THE ABOVE NAMED SHOP/SCHOOL UNDER MY SUPERVISION.**

Signature of supervising licensee

Date (month, day, year)